

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90023 010 \*\*\*150.00

**DOCUMENT # P96000069946**

1. Entity Name  
**WENTRA ENTERPRISES, INC.**

Principal Place of Business

8528 SUNSPRITE CT.  
 ORLANDO FL 32818-0000

Mailing Address

8528 SUNSPRITE CT.  
 ORLANDO FL 32818-0000

00027941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30930 Iverson Dr

3. Mailing Address

30930 Iverson Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip

33543

Country

US

Zip

33543

Country

US

4. FEI Number **65-0693637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAVIS, EDWARD BEN  
 8528 SUNSPRITE CT.  
 ORLANDO FL 32818-0000

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME PCEO  
 STREET ADDRESS BLACK, WENDELL  
 CITY-ST-ZIP 3024 N POWERS DR  
 ORLANDO FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME PCEO  
 STREET ADDRESS TRAVIS, EDWARD  
 CITY-ST-ZIP P.O. BOX 558811 N/A  
 ORLANDO FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-01

Date

813-907-1049

Daytime Phone #

CR2E034 (10/00)